

A call for papers on physician well-being

Managed care, advances in medical technology, higher public expectations for health, and political debates about the equitable distribution of health care resources are all placing new demands on physicians. The pressures to achieve better outcomes in health care, contain costs, maintain productivity, master an expanding knowledge base, and relate to patients with compassion and presence tax the ability of many physicians to cope. Their risk of job dissatisfaction, burn-out, family problems, and more serious impairment is enormous.¹⁻³

The challenges of this era are superimposed on the personal vulnerabilities of physicians.⁴ The qualities that allow physicians to succeed in training and practice are often maladaptive in their personal lives. Many physicians have a compulsive style that is reinforced in their training and leads to chronic doubt, guilt, and an excessive sense of responsibility accompanied by the feeling that "my work is never done."^{5,6} Sir William Osler addressed this occupational hazard in a talk to medical students in 1899: "Engrossed late and soon in professional cares—you may so lay waste that you may find, too late, with hearts given way, that there is no place in your habit-stricken souls for those gentler influences which make life worth living."⁷

In the face of these challenges, more physicians are seeking ways to uphold the ideals that brought them into medicine while balancing their other interests and values. The search for this balance is a lifelong challenge, from medical school to retirement.⁸

Health care institutions are developing a strong interest in physicians' well-being. Managed care organizations are beginning to see a relationship between physicians and patient, or customer, satisfaction and are more willing to attend to the well-being of physicians. Group practices spend about \$150,000 on average to replace a physician who leaves the practice due to professional dissatisfaction. More practices are looking for specific ways to enhance the well-being of their physicians, such as reviewing the incentives for work. Malpractice insurers view professional burn-out as increased risk, and disability insurance companies are concerned about the increase in disability claims being filed by physicians, a trend that may reflect an erosion of professional well-being and satisfaction. Promoting satisfaction and well-being among health care professionals not only enhances the work environment but is good for the financial health of the corporation. In this respect, medicine as a business is beginning to emulate the success of other businesses that are worker friendly.⁹

The *Western Journal of Medicine* is devoting an entire issue to the subject of physician well-being. We are inter-

ested in articles that address the components of personal well-being, the organizational and workplace factors that promote or erode well-being, specific practices that physicians use to promote their well-being and satisfaction, the political dimensions of physician well-being, and cultural factors (inside and outside of medicine) that affect physicians' wellness. We are looking for Op-Eds, original research, letters, review articles, and personal stories or essays. Topics of special interest include:

- Well-being throughout the physician's life cycle
- The well-being of physicians' relationships and families
- Personal practices that promote well-being
- Well-being in the workplace
- Gender issues in physician well-being
- The role of personal philosophy and spirituality in well-being
- Descriptions of specific programs that promote physicians' well-being
- Training physicians to lead healthy lives
- Political action to promote physicians' well-being
- Models of excellence (both personal and organizational) in which well-being is manifest
- Research into the factors that lead to happy, satisfied physicians

In addition to scholarly pieces, we also welcome artistic expressions related to physicians' well-being, including poems, photographs, and cartoons.

All manuscripts submitted to *wjm* will go through a peer review process. The deadline for submission is August 1, 2000.

References

- 1 Kassirer JP. Doctor discontent [Editorial]. *N Engl J Med* 1998;339:1543-1545.
- 2 Schroeder SA. The troubled profession: is medicine's glass half full or half empty? *Ann Intern Med* 1992;116:583-592.
- 3 Ainge D. Increased physician disability claims causing "crisis": high utilization of disability insurance may leave physician groups fewer options in the future. *Med Group Manage J* 1995 Sep-Oct;42:80-84, 86.
- 4 Vaillant GE, Sobowale NC, McArthur C. Some psychologic vulnerabilities of physicians. *N Engl J Med* 1972;287:372-375.
- 5 Gabbard GO. The role of compulsiveness in the normal physician. *JAMA* 1985;254:2926-2929.
- 6 Gabbard GO, Menninger RW. The psychology of postponement in the medical marriage. *JAMA* 1989;261:2378-2381.
- 7 Osler W. Lecture to medical students. *Albany Med Ann* 1899;20.
- 8 Suchman AL, Ramamurthy G. The well-being of clinicians. In: Feldman MD, Christensen JF, eds. *Behavioral Medicine in Primary Care: a Practical Guide*. New York: Appleton & Lange; 1997.
- 9 Chappell T. *The Soul of a Business*. New York: Bantam Books; 1993.

John F Christensen
Department of Medicine
Legacy Good Samaritan
Hospital
2282 NW Northrup,
Ste 20
Portland, OR 97210
Mitchell D Feldman
Department of General
Internal Medicine
University of California
San Francisco, CA
94143

Correspondence to:
Dr Christensen
christej@OHSU.edu

Competing interests:
None declared

West J Med
2000;172:293